



ORDERING FACILITY

Facility Name:		Customer ID:
Address:	City:	State/ZIP:
Laboratory Contact:	Phone #:	
E-mail:	FAX #:	

PATIENT INFORMATION (Human Only)

Complete patient information or attach patient specimen label below.
 Two unique patient identifiers are required on specimen container.

Patient Name (Last, First):
Date of Birth:
Specimen Collection Date:
Ordering Physician Name:

ANTIGEN DETECTION

ANTIBODY DETECTION

Test Code	Test Name <i>please circle</i>	Accession # & Specimen Type <i>please circle</i>	Specimen Storage	Test Code	Test Name <i>please circle</i>	Accession # & Specimen Type <i>please circle</i>	Specimen Storage
309	Aspergillus Antigen EIA		Refrig Frozen <input type="checkbox"/> <input type="checkbox"/>	322	Blastomyces Antibody by Immunodiffusion		Refrig Frozen <input type="checkbox"/> <input type="checkbox"/>
		SER BAL CSF*				SER	
316	MVista® Blastomyces Quantitative Antigen EIA		Refrig Frozen <input type="checkbox"/> <input type="checkbox"/>	320	Coccidioides Antibody by Immunodiffusion		Refrig Frozen <input type="checkbox"/> <input type="checkbox"/>
		SER UR BAL CSF				SER	
315	MVista® Coccidioides Quantitative Antigen EIA		Refrig Frozen <input type="checkbox"/> <input type="checkbox"/>	321	Histoplasma Antibody by Immunodiffusion		Refrig Frozen <input type="checkbox"/> <input type="checkbox"/>
		SER UR BAL CSF				SER	
310	MVista® Histoplasma Quantitative Antigen EIA		Refrig Frozen <input type="checkbox"/> <input type="checkbox"/>	324	Aspergillus Antibody by Immunodiffusion		Refrig Frozen <input type="checkbox"/> <input type="checkbox"/>
		SER UR BAL CSF				SER	
319	Cryptococcus Antigen, Latex Agglutination		Refrig Frozen <input type="checkbox"/> <input type="checkbox"/>	325	MVista® Coccidioides IgG,IgM Antibody EIA		Refrig Frozen <input type="checkbox"/> <input type="checkbox"/>
		SER CSF				SER CSF**	
317	(1→3) β-D Glucan Colorimetric Assay		Refrig Frozen <input type="checkbox"/> <input type="checkbox"/>	326	MVista® Histoplasma IgG,IgM Antibody EIA		Refrig Frozen <input type="checkbox"/> <input type="checkbox"/>
		SER CSF*				SER CSF**	

*validated at MiraVista Diagnostics

**will report with rare specimen comment

Due to HIPAA regulations, results will only be sent to the FAX number(s) listed above.

Invoices will be sent to Facility detailed above. WE DO NOT BILL PATIENTS or INSURANCE.

For specimen handling requirements, turn around time, and hours of operation, visit www.MiraVistaLabs.com

Ship to: MiraVista Diagnostics 4705 Decatur Blvd. Indianapolis, IN 46241